

13/5/1 (Item 1 from file: 5)  
 DIALOG(R) File 5:Biosis Previews(R)  
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02691005 BIOSIS NO.: 000068001581

**COMPARATIVE STUDY OF MOUSE TERATOIDS DEVELOPED FROM BLASTOCYSTS AND EMBRYOS  
 AT THE STAGE OF 3 EMBRYONIC LAYERS**

AUTHOR: DYBAN P A; MIKHAILOV V P

AUTHOR ADDRESS: LAB. EXP. HISTOL., INST. EXP. MED., ACAD. MED. SCI. USSR,  
 LENINGRAD, USSR.

JOURNAL: ARKH ANAT GISTOL EMBRIOL 75 (9). 1978. 8-16. 1978

FULL JOURNAL NAME: Arkhiv Anatomii Gistologii i Embriologii

CODEN: AAGEA

RECORD TYPE: Abstract

LANGUAGE: RUSSIAN

**ABSTRACT:** Germs of 3 stages (blastocyst, 3 layer germ cylinder and head-fold and neural plate) were implanted under the testicular capsule of mice, CBA times. C57Bl line. Teratoids which developed at the place of implantation are represented by the derivatives of all germ layers and by some organic structures. Experimental production of teratoids by transplantation of developing embryos is discussed. Possible routes of tissue determination in embryos which do not undergo normal gastrulation are considered.

**DESCRIPTORS:** MOUSE FIBRO SARCOMA NEURAL PLATE TRANSPLANTATION GASTRULATION

**CONCEPT CODES:**

11108 Anatomy and Histology, General and Comparative-Microscopic and Ultramicroscopic Anatomy

20504 Nervous System-Physiology and Biochemistry

24007 Neoplasms and Neoplastic Agents-Carcinogens and Carcinogenesis

25554 Developmental Biology-Embryology-Experimental Teratology and Teratogenesis

02506 Cytology and Cytochemistry-Animal

03506 Genetics and Cytogenetics-Animal

11107 Anatomy and Histology, General and Comparative-Regeneration and Transplantation (1971- )

12503 Pathology, General and Miscellaneous-Comparative (1970- )

16501 Reproductive System-General; Methods

20501 Nervous System-General; Methods

24005 Neoplasms and Neoplastic Agents-Neoplastic Cell Lines

25508 Developmental Biology-Embryology-Morphogenesis, General

**BIOSYSTEMATIC CODES:**

86375 Muridae

**BIOSYSTEMATIC CLASSIFICATION (SUPER TAXA):**

Animals

Chordates

Vertebrates

Nonhuman Vertebrates

Mammals

Nonhuman Mammals

Rodents

13/5/2 (Item 1 from file: 8)

DIALOG(R) File 8:EI Compendex(R)

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04975099 E.I. No: EIP98034114920

Title: Influence of filtering and compression on modelled auditory nerve responses to electrical stimulation

Author: Van Immerseel, Luc

Corporate Source: Antwerp Univ, Wilrijk, Belgium

Conference Title: Proceedings of the 1996 18th Annual International Conference of the IEEE Engineering in Medicine and Biology Society. Part 4 (of 5)

Conference Location: Amsterdam, Neth Conference Date: 19961031-19961103

Sponsor: IEEE

E.I. Conference No.: 48103

Source: Annual International Conference of the IEEE Engineering in Medicine and Biology - Proceedings v 4 1996. IEEE, Piscataway, NJ, USA, 96CB36036. p 1522-1523  
Publication Year: 1996  
CODEN: CEMBAD ISSN: 0589-1019  
Language: English  
Document Type: CA; (Conference Article) Treatment: T; (Theoretical); X; (Experimental)  
(Journal Announcement: 9805W2

Abstract: Sound processing in cochlear implants mainly consists of filtering and non-linear compression, and determines the representation of spectro-temporal features of speech in the electrical stimulation patterns. The influence of filtering and compression on auditory nerve responses to electrical stimulation was studied with single-formant stimuli (SFS) as an input. A simple model was used to generate responses in ensembles of auditory nerve fibres. Temporal features of modelled responses were compared with those of SFS, electrical stimulation patterns and measured responses to acoustic SFS. It turned out that the properties of stimulation pattern and neural response are different, while filtering and compression strongly influence these differences. It is argued that in research for optimal speech intelligibility with cochlear implants, aspects of both stimulation patterns and neural responses must be regarded. (Author abstract) 4 Refs.

Descriptors: \*Functional electric stimulation; Speech processing; Neurology; Signal filtering and prediction; Mathematical models; Implants (surgical); Prosthetics; Speech intelligibility; Speech recognition

Identifiers: Nonlinear compression ; Auditory nerve responses; Cochlear implants ; Single formant stimuli

Classification Codes:

461.5 (Human Rehabilitation Engineering); 751.5 (Speech); 461.6 (Medicine); 462.4 (Prosthetics)

461 (Biotechnology); 751 (Acoustics); 462 (Medical Engineering & Equipment)

46 (BIOENGINEERING); 75 (ACOUSTICAL TECHNOLOGY)

13/5/3 (Item 1 from file: 35)  
DIALOG(R)File 35:Dissertation Abs Online  
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01712154 ORDER NO: AADAA-I9945285

Role of a radial-glia cell line in neuronal migration in vivo and in searching for factors that suppress glioma growth in experimental animal models

Author: Hormigo, Adilia Maria Vicente

Degree: Ph.D.

Year: 1999

Corporate Source/Institution: New York University (0146)

Adviser: Martin Grumet

Source: VOLUME 60/09-B OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 4441. 124 PAGES

Descriptors: BIOLOGY, NEUROSCIENCE ; HEALTH SCIENCES, ONCOLOGY ; HEALTH SCIENCES, PHARMACOLOGY

Descriptor Codes: 0317; 0992; 0419

The C6-R cell line was derived from C6 glioma and exhibits key properties of radial glia. We analyzed the behavior of GFP labeled C6-R cells, C6R-G/H cells, in the intact and injured adult rat brain, and their influence on integration of neurons. At eleven days post-implantation, C6R-G/H cells were observed along the corpus callosum and hippocampus. PKH-26 labeled LGE embryonic neurons co-implanted with C6R-G/H cells co-migrated with them through a volume fourteen-fold the volume of neurons implanted alone. Controls with co-implantation of LGE embryonic neurons with fibroblasts yielded volumes somewhat greater than those obtained with neurons alone. In brains injured with ibotenic acid, the migration of C6R-G/H cells was more widespread and extended beyond the lesion cavity. When neurons were co-implanted with C6R-G/H cells they co-distributed beyond the lesion cavity, while neurons alone were found

primarily in the cavity. The migratory properties of C6R-G/H cells and co-transplanted embryonic neurons suggest that C6R-G/H cells may serve as a scaffold or substrate for neuronal migration.

We investigated the capacity of C6R-G/H cells to generate tumors in the adult rat brain. Three weeks after implantation, all animals that received C6-G developed a high-grade glioma, while only 44% of animals implanted with C6R-G/H cells, developed tumors with maximal cross-sectional area 20-fold smaller, and with less malignant characteristics, such as angiogenesis and cell proliferation. Similar results were obtained in the brain of nude rats, suggesting no significant involvement of the immune system in suppressing growth of C6R-G/H cells.

Although the C6-R cell line resulted from transfection of C6 rat glioma cells with a construct encoding a mutant of RPTP $\beta$ , the encoded protein was not sufficient to account for the phenotypic differences between C6R-G/H and C6-G. Related clones expressing the same mutant protein were indistinguishable from C6 in morphology and tumorigenesis. While C6R-G/H cells, generated from transfection of C6-R cells with GFP-Hy, lack tumorigenicity, C6-R cells alone or transfected with either GFP or Hy plasmids alone still formed tumors, suggesting that the combination of GFP-Hy has a role in suppressing tumorigenesis. We suggest that the combination GFP-Hy may have a role in gene therapy for tumors.

13/5/4 (Item 1 from file: 73)

DIALOG(R)File 73:EMBASE

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10622019 EMBASE No: 2000084763

**Implanted piece of allogeneic femoral bone and late sciatic nerve compression**

De Roeck N.; Drabu K.  
N. De Roeck, Orthopaedic Research Unit, East Surrey Hospital, Canada Avenue, Redhill RH1 5RH United Kingdom  
Injury ( INJURY ) (United Kingdom) 2000, 31/3 (207-208)  
CODEN: INJUB ISSN: 0020-1383  
PUBLISHER ITEM IDENTIFIER: S0020138399002818  
DOCUMENT TYPE: Journal; Article  
LANGUAGE: ENGLISH  
NUMBER OF REFERENCES: 8  
MEDICAL DESCRIPTORS:  
\* implant ; \*femur; \* nerve compression  
sciatic nerve; ischialgia; foreign body; cortical bone; human; male; case report; adult; article; priority journal  
SECTION HEADINGS:  
009 Surgery  
033 Orthopedic Surgery

13/5/5 (Item 2 from file: 73)

DIALOG(R)File 73:EMBASE

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07159536 EMBASE No: 1998050149

**Bilateral piriformis syndrome after total hip arthroplasty**  
Uchio Y.; Nishikawa U.; Ochi M.; Shu N.; Takata K.  
Y. Uchio, Department of Orthopaedics, Shimane Medical University, 89-1 Enyacho, Izumoshi, Shimaneken 693 Japan  
Archives of Orthopaedic and Trauma Surgery ( ARCH. ORTHOP. TRAUMA SURG. ) (Germany) 1998, 117/3 (177-179)  
CODEN: AOTSE ISSN: 0936-8051  
DOCUMENT TYPE: Journal; Article  
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH  
NUMBER OF REFERENCES: 13

We present the case of a 39-year-old man with bilateral piriformis syndrome 4 and 6 years after two cementless total hip arthroplasties, respectively. During surgical exploration, each sciatic nerve was found to be entrapped by a tense piriformis muscle and hypertrophic posterior hip

capsule. The sciatic-type pain was relieved after sectioning each piriformis muscle with external neurolysis. This is the first reported case of piriformis syndrome after total hip arthroplasty.

MEDICAL DESCRIPTORS:

\*total hip prosthesis ; \*sciatic nerve ; \*nerve compression  
--complication--co; \*nerve compression --surgery--su  
clinical feature; time; neurolysis; ischialgia--complication--co;  
ischialgia--surgery--su; aseptic necrosis--surgery--su; human; male; case  
report; adult; article; priority journal

SECTION HEADINGS:

033 Orthopedic Surgery

13/5/6 (Item 3 from file: 73)

DIALOG(R)File 73:EMBASE

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06721747 EMBASE No: 1997003205

**Neurapraxia of the common peroneal nerve - A rare complication resulting from wearing a KBM prosthesis: A case report**

Reinders M.F.; Geertzen J.H.B.; Rietman J.S.

J.H.B. Geertzen, Department of Rehabilitation, University Hospital, P.O. Box 30001, 9700 RB Groningen Netherlands

Prosthetics and Orthotics International ( PROSTHET. ORTHOT. INT. ) ( Denmark) 1996, 20/3 (197-198)

CODEN: POIND ISSN: 0309-3646

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

This clinical note describes a 47-year-old man who had a traumatic amputation of the left lower leg. Two months after wearing a Kondylen Bettung Munster (KMB) prosthesis, he developed a compression neuropathy of the common peroneal nerve of his right leg after sitting cross-legged. This troublesome complication can be avoided by giving accurate information to the patient.

MEDICAL DESCRIPTORS:

\*leg amputation; \*leg prosthesis ; \*nerve compression --diagnosis--di;  
\*neuropathy--diagnosis--di; \*neuropathy--etiology--et; \*neuropathy  
--prevention--pc; \*neuropathy--complication--co; \*peroneus nerve  
adult; article; case report; human; male

SECTION HEADINGS:

008 Neurology and Nerosurgery

019 Rehabilitation and Physical Medicine

033 Orthopedic Surgery

13/5/7 (Item 4 from file: 73)

DIALOG(R)File 73:EMBASE

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06240897 EMBASE No: 1995276805

American Neurotology Society

Lassen L.F.

Archives of Otolaryngology - Head and Neck Surgery ( ARCH. OTOLARYNGOL. HEAD NECK SURG. ) (United States) 1995, 121/9 (1067)

CODEN: AONSE ISSN: 0886-4470

DOCUMENT TYPE: Journal; Conference Paper

LANGUAGE: ENGLISH

DRUG DESCRIPTORS:

\*calcium channel blocking agent--drug therapy--dt

MEDICAL DESCRIPTORS:

\*acoustic neurinoma--diagnosis--di; \*acoustic neurinoma--surgery--su; \*meniere disease--drug therapy--dt; \*tinnitus--diagnosis--di  
calcium antagonism; cerebrospinal fluid rhinorrhea--diagnosis--di;  
cerebrospinal fluid rhinorrhea--surgery--su; conference paper; electrode;  
facial nerve paralysis--therapy--th; human; implantation ; nerve

**compression --etiology --et; nuclear magnetic resonance imaging; tumor suppressor gene; vagus nerve**

**SECTION HEADINGS:**

- 011 Otorhinolaryngology
- 037 Drug Literature Index

**13/5/8 (Item 5 from file: 73)**

DIALOG(R)File 73:EMBASE

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05809417 EMBASE No: 1994229673

**Unilateral hypoglossal nerve paralysis following the use of the laryngeal mask airway**

Nagai K.; Sakuramoto C.; Goto F.

Department of Anaesthesia, Kitasato University School Medicine, 1-15-1  
Kitasato, Sagamihara, Kanagawa 228 Japan

Anaesthesia ( ANAESTHESIA ) (United Kingdom) 1994, 49/7 (603-604)

CODEN: ANASA ISSN: 0003-2409

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

We report a unilateral hypoglossal nerve paralysis following the use of a laryngeal mask airway in a 62-year-old woman with rheumatoid arthritis undergoing a shoulder joint replacement. Cervical epidural anaesthesia was combined with general anaesthesia using nitrous oxide administered via a laryngeal mask airway with the patient in the right lateral decubitus position. The next morning, the patient was noted to have a right hypoglossal nerve palsy. Compression of the nerve between the laryngeal mask airway cuff, distended with nitrous oxide, and the hyoid bone, was considered to be the cause of the nerve paralysis.

**DRUG DESCRIPTORS:**

nitrous oxide

**MEDICAL DESCRIPTORS:**

\*hypoglossal nerve; \*laryngeal mask; \*nerve paralysis--etiology--et; \*nerve paralysis--complication--co

adult; article; case report; epidural anesthesia; female; general anesthesia; human; joint prosthesis; nerve compression; patient positioning; rheumatoid arthritis--surgery--su; shoulder

CAS REGISTRY NO.: 10024-97-2 (nitrous oxide)

**SECTION HEADINGS:**

- 008 Neurology and Nerosurgery

- 024 Anesthesiology

**13/5/9 (Item 6 from file: 73)**

DIALOG(R)File 73:EMBASE

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05152033 EMBASE No: 1992292266

**Compression of the sciatic nerve by methylmethacrylate cement after total hip replacement**

Oleksak M.; Edge A.J.

Orthopaedics and Trauma Surgery, Southlands Hospital, Upper Shoreham Road, Shoreham-by-Sea BN43 6TQ United Kingdom

Journal of Bone and Joint Surgery - Series B ( J. BONE JT. SURG. SER. B ) (United Kingdom) 1992, 74/5 (729-730)

CODEN: JBSUA ISSN: 0301-620X

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Severe leg pain in a patient after total hip replacement was found to be caused by compression of the sciatic nerve by methylmethacrylate cement which had leaked from the acetabulum during fixation of the acetabular cup. The pain persisted for six years but was immediately relieved by removal of the cement mass.

**DRUG DESCRIPTORS:**

\*bone cement; \*methacrylic acid methyl ester

MEDICAL DESCRIPTORS:

\*nerve compression ; \*sciatic nerve ; \*total hip prosthesis

acetabulum; aged; article; case report; female; human; leg pain--etiology  
--et; leg pain--surgery--su; priority journal; prosthesis fixation

CAS REGISTRY NO.: 80-62-6 (methacrylic acid methyl ester)

SECTION HEADINGS:

008 Neurology and Nerosurgery

033 Orthopedic Surgery

13/5/10 (Item 7 from file: 73)

DIALOG(R)File 73:EMBASE

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02789102 EMBASE No: 1984008061

**Sciatic nerve entrapment secondary to trochanteric wiring following total hip arthroplasty. A case report**

Mallory T.H.

380 East Town Street, Columbus, OH 43215 United States

Clinical Orthopaedics and Related Research ( CLIN. ORTHOP. RELAT. RES. )

(United States) 1983, NO. 180/- (198-200)

CODEN: CORTB

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

In an 81-year-old woman the sciatic nerve was inadvertently penetrated with the trochanteric wire and incorporated into the trochanteric wiring during trochanteric attachment in total hip arthroplasty through a transtrochanteric approach. Immediately after operation, the patient had a sciatic palsy. Exploration of the wound revealed that the nerve had been entrapped in the trochanteric wiring mechanism. Despite release of the nerve and neurolysis, symptoms persisted, and the patient had a complete sciatic palsy that has not recovered. The technical aspects of total hip arthroplasty utilizing trochanteric osteotomy should include internal rotation of the femur during insertion of trochanteric wire so that the posterior aspects of the hip joint and the femoral shaft can be fully observed. Similarly, all wire should be free of any soft tissue prior to twisting and tightening. Patients awakening with profound and immediate sciatic involvement should be explored early to determine the cause as well as to alleviate any possible impingement that might interfere with the prognosis of this very serious injury.

MEDICAL DESCRIPTORS:

\*nerve compression ; \*sciatic nerve ; \*total hip prosthesis

case report; joint; peripheral nervous system; nervous system; human; therapy; bone

MEDICAL TERMS (UNCONTROLLED): trochanter fixation

SECTION HEADINGS:

033 Orthopedic Surgery

014 Radiology

008 Neurology and Nerosurgery

13/5/11 (Item 8 from file: 73)

DIALOG(R)File 73:EMBASE

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01789135 EMBASE No: 1981224088

**Femoral neuropathy and anticoagulant therapy**

Dhopesh V.; Yagnik P.; Rossetti G.

Med. Coll. Pennsylvania, Philadelphia, PA United States

Journal of the American Medical Association ( J. AM. MED. ASSOC. ) ( United States) 1981, 246/13 (1403)

CODEN: JAMAA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

DRUG DESCRIPTORS:

\*anticoagulant agent; \*warfarin

MEDICAL DESCRIPTORS:

\*adverse drug reaction; \*aorta valve prosthesis ; \*femoral nerve ; \*hematoma; \*nerve compression

blood; nervous system; heart; blood and hemopoietic system; case report; peripheral nervous system; oral drug administration

MEDICAL TERMS (UNCONTROLLED): femoral neuropathy

CAS REGISTRY NO.: 129-06-6, 2610-86-8, 3324-63-8, 5543-58-8, 81-81-2 ( warfarin)

SECTION HEADINGS:

038 Adverse Reaction Titles

037 Drug Literature Index

008 Neurology and Nerosurgery

13/5/12 (Item 9 from file: 73)

DIALOG(R) File 73:EMBASE

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01726321 EMBASE No: 1980032072

Intrapelvic complications of hip surgery: A case report of obturator nerve entrapment

Bowman Jr. A.J.; Carpenter A.A.; Iovino J.; Ward C.

Dept. Orthop. Surg., Boston Univ., South Weymouth, Mass. 02190 United States

Orthopedics ( ORTHOPEDICS ) (United States) 1979, 2/5 (504-506)

CODEN: ORTHD

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

A case is presented in which a patient had persistent pain in one hip after bilateral total hip replacement for rheumatoid arthritis. The diagnosis was elusive until at intrapelvic exploration the obturator nerve was found to be markedly stretched over a large bolus of intrapelvic methylmethacrylate. The patient was completely relieved postoperatively after the cement mass was removed.

DRUG DESCRIPTORS:

\*bone cement

MEDICAL DESCRIPTORS:

\*hip surgery; \*nerve compression ; \*obturator nerve ; \*total hip prosthesis

rheumatoid arthritis; case report; therapy; peripheral nervous system; joint; nervous system

SECTION HEADINGS:

033 Orthopedic Surgery

008 Neurology and Nerosurgery

031 Arthritis and Rheumatism

020 Gerontology and Geriatrics

009 Surgery

13/5/13 (Item 10 from file: 73)

DIALOG(R) File 73:EMBASE

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00540199 EMBASE No: 1976095816

Median nerve compression complicating a tendon graft prosthesis

DeLuca F.N.; Cowen N.J.

George Washington Univ. Med. Cent., Washington, D.C. United States

Journal of Bone and Joint Surgery - Series A ( J. BONE JT. SURG. SER. A ) 1975, 57/4 (553)

CODEN: JBJSA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

Over the past decade great advances have been made in tendon surgery with the development of new techniques and appliances. One of these appliances,

the Hunter tendon prosthesis, is being used more and more frequently. When properly placed, this prosthesis lies in the carpal tunnel, often in proximity to the median nerve. As with any new procedure, complications and pitfalls become evident with time. The authors' case report serves to illustrate the fact that median nerve compression can be caused by a tendon prosthesis.

MEDICAL DESCRIPTORS:

\*carpal tunnel syndrome; \*fibrosis; \*hand injury; \*median nerve; \*nerve compression ; \* nerve transection; \*neurolysis; \* prosthesis ; \*tendon; \* tendon graft; \*tendon surgery; \*injury; \*wrist injury  
major clinical study; diagnosis; therapy

MEDICAL TERMS (UNCONTROLLED): finger flexor tendon trauma; graft; median nerve compression ; tendon prosthesis

SECTION HEADINGS:

- 034 Plastic Surgery
- 019 Rehabilitation and Physical Medicine
- 033 Orthopedic Surgery
- 005 General Pathology and Pathological Anatomy
- 008 Neurology and Nerosurgery

13/5/14 (Item 1 from file: 94)

DIALOG(R)File 94:JICST-EPlus

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03119876 JICST ACCESSION NUMBER: 97A0208161 FILE SEGMENT: JICST-E

Causes of unsuccessful initial operation for hemifacial spasm.

YAMAMOTO SEIJI (1); RYU HIROSHI (1); YOKOYAMA TETSUO (1); HINOKUMA KAORU (1); NISHIZAWA SHIGERU (1); SUGIYAMA KENJI (1); ENDO MITSUTOSHI (1); UEMURA KEN'ICHI (1)

(1) Hamamatsu Univ. Sch. of Med.

Facial Nerve Res, 1996, VOL.16, PAGE.85-88, FIG.2, TBL.2, REF.3

JOURNAL NUMBER: X0849AAQ ISSN NO: 0914-790X

UNIVERSAL DECIMAL CLASSIFICATION: 616.83-089

LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan

DOCUMENT TYPE: Journal

ARTICLE TYPE: Original paper

MEDIA TYPE: Printed Publication

ABSTRACT: Neurovascular decompression(NVD), the repositioning of the arteries which are in contact with the facial nerve in the posterior fossa, is believed to effectively relieve hemifacial spasm(HFS). However, in some patients, initial NVD fails to provide any relief from spasm. To have better operative results, we analyzed the findings of the second NVD in these patients. One hundred and ten patients received the initial NVD for HFS in our university hospital between 1979 and 1996. All operations were performed or supervised by an author(H.R.). The facial nerve was decompressed by repositioning the compressing arteries with biological glue(Biobond, Yoshitomi Pharmaceutical Industries, Ltd., Osaka, Japan) or prosthesis(Dacron Felt, Meadox Medicals, Inc., Oakland, NJ, USA). Results were excellent(HFS disappeared) in 80%, partial success(HFS was improved) in 10.9%, and unchanged in 9.1%(10 patients) in the third postoperative week. For the 10 unchanged patients, 11 operations were performed(one received a 3rd NVD). An additional four patients who received initial NVD elsewhere were referred to our hospital for a second NVD. We analyzed the results of 15 operations. The patients' mean age, gender, right-to-left ratio of the affected side, mean preoperative duration of symptoms and the type of compressing vessels did not affect the results of the initial NVD. At the second NVD we found: 1) compressing arteries on the facial nerves in the pont-medullary junction which were missed at the initial NVD; 2) re-compression by the arteries slipping off the prosthesis; 3) incomplete decompression; 4) compression of facial nerves by prosthesis . Results of the second NVD were satisfactory, while the incidence of operative complications was higher than that in the first NVD. (abridged author abst.)

DESCRIPTORS: neurosurgery; reoperation; therapy; facial nerve disease; human(primates); convulsion

BROADER DESCRIPTORS: operative surgery; cranial nerve disease; peripheral nerve disease; nervous system disease; disease; neurologic manifestation; symptom

CLASSIFICATION CODE(S): GN05030J

13/5/15 (Item 1 from file: 144)

DIALOG(R)File 144:Pascal

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03827238 PASCAL No.: 82-0350055

**PERONEAL-NERVE PALSY FOLLOWING TOTAL KNEE ARTHROPLASTY**

ROSE H A; HOOD R W; OTIS J C; RANAWAT C S; INSALL J N  
CORNELL UNIV. MED. COLL./NEW YORK NY 10021, USA

Journal: J. BONE JT. SURG. (AM. VOL.), 1982, 64 (3) 347-351

ISSN: 0021-9355 Availability: CNRS-5058

No. of Refs.: 25 REF.

Document Type: P (SERIAL) ; A (ANALYTIC)

Country of Publication: USA

Language: ENGLISH

23 PARALYSIES PERONIERES POSTOPERATOIRES CHEZ 22 MALADES SUR 2626 ARTHROPLASTIES DU GENOU CONSECUTIVES. LES CAUSES POSSIBLES DE LA PARALYSIE SONT LA TRACTION DIRECTE SUR LE NERF, LA TRACTION SUR LES TISSUS ENVIRONNANTS, LA PRESSION DIRECTE SUR LE NERF DU PANSEMENT POSTOPERATOIRE, L'ASSOCIATION DE CES FACTEURS. LE TRAITEMENT DE LA PARALYSIE EST LE CHANGEMENT DU PANSEMENT ET LA FLEXION DU GENOU

English Descriptors: REPLACEMENT; KNEE; PROSTHESIS ; PARALYSIS; PERONEAL NERVE ; POSTOPERATIVE; TRACTION; COMPRESSION ; ORTHOPEDIC SURGERY; LOWER EXTREMITY; HINGE; COMPLICATION; PERIPHERAL NERVE DISEASE; NERVOUS SYSTEM PATHOLOGY; HUMAN; LOWER LIMB; NERVOUS SYSTEM DISEASES; TRACTION; TENSION

English Generic Descriptors: BONE AND JOINT DISEASES

French Descriptors: REMPLACEMENT; GENOU; PROTHESE; PARALYSIE; NERF PERONIER ; POSTOPERATOIRE; TRACTION; COMPRESSION; CHIRURGIE ORTHOPEDIQUE; MEMBRE INFÉRIEUR; ARTICULATION; COMPLICATION; NERF PERIPHERIQUE PATHOLOGIE; SYSTÈME NERVEUX PATHOLOGIE; HOMME

French Generic Descriptors: PATHOLOGIE OSTEOARTICULAIRE

Classification Codes: 357A02

13/5/16 (Item 1 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

09208966 97097352 PMID: 9012264

[Electroneuromyostimulation in closed injuries to the peripheral nerves]  
Elektroneiromiostimuliatsiia pri zakrytykh povrezhdeniakh perifericheskikh nervov.

Ivanov A O; Elifant'ev V K

Zhurnal nevropatologii i psichiatrii imeni S.S. Korsakova (Moscow, Russia : 1952) (RUSSIA) 1996, 96 (5) p91-2, ISSN 0044-4588 Journal Code: 8710066

Document type: Journal Article

Languages: RUSSIAN

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Tags: Female; Human; Male

Descriptors: \*Electric Stimulation Therapy--methods--MT; \*Peripheral Nerves--injuries--IN; \*Wounds, Nonpenetrating--rehabilitation--RH; Adolescence; Adult; Electric Stimulation Therapy--instrumentation--IS; Electrodes, Implanted ; Middle Age; Nerve Compression Syndromes --rehabilitation--RH

Record Date Created: 19970206

13/5/17 (Item 2 from file: 155)  
DIALOG(R)File 155:MEDLINE(R)

08615781 95372787 PMID: 7644895

[Complete lateralization of the inferior alveolar nerve. A preliminary study, apropos of a case]

Lateralisation totale du nerf alveolaire inferieur. Etude preliminaire, a propos d'un cas.

Chossegros C; Cheynet F; Aldegheri A; Blanc J L  
Clinique de Stomatologie et de Chirurgie Maxillo-faciale, CHU Timone, Bd J. Moulin, Marseille.

Revue de stomatologie et de chirurgie maxillo-faciale (FRANCE) 1995,  
96 (3) p171-4, ISSN 0035-1768 Journal Code: 0201010

Document type: Journal Article ; English Abstract

Languages: FRENCH

Main Citation Owner: NLM

Record type: Completed

Subfile: DENTAL; INDEX MEDICUS

Inferior alveolar nerve lateralisation is a new technique. Mostly indicated in implantology, the techniques described are partial and located at the anterior part of the nerve, near the foramen mentalis. The authors describe a technique of total inferior alveolar nerve lateralisation, from the lingulae mandibulae to the foramen mentalis. Total lateralisation technique can be used in dental prosthesis (in mandibular posterior edentulism when the alveolar bone is reduced and when the **prostheses compresses** the **nerve** in the foramen region), in implantology (when terminal implant restitution is needed), or in benign tumors (when the horizontal branch of the mandible is resected).

Tags: Case Report; Female; Human

Descriptors: \*Jaw, Edentulous, Partially--surgery--SU; \*Mandible--surgery--SU; \*Mandibular Nerve--surgery--SU; Bone Resorption--surgery--SU; Bone Transplantation; Denture, Partial, Removable; Jaw, Edentulous, Partially --rehabilitation--RH; Mandibular Diseases--surgery--SU; Middle Age

Record Date Created: 19950921

13/5/18 (Item 3 from file: 155)  
DIALOG(R)File 155:MEDLINE(R)

08521963 95289126 PMID: 7771221

New kinds of microneuroprotectors for microsurgery and endoscopy of cerebellopontine angle neurovascular decompression.

Khodnevich A A; Karakhan V B

Department of Neurology and Neurosurgery, Moscow Medical Stomatological Institute, Russia.

Acta neurochirurgica. Supplementum (AUSTRIA) 1994, 61 p40-2, ISSN 0065-1419 Journal Code: 0140560

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

New microsurgical devices for neurovascular decompression--microneuroprotectors (MNP)--are described. Four constructive kinds of MNP have been developed according to topographic peculiarities of pathological neurovascular contacts. The hydrodynamic and biological testing of MNP has been concluded. The methods of microsurgical and endoscopic techniques of MNP insertion on the cranial nerves or posterior fossa vessels are reported.

Tags: Animal; Human

Descriptors: \*Cerebral Arteries; \*Cranial Nerve Diseases--surgery--SU; \*Endoscopes; \*Intraoperative Complications--prevention and control--PC; \*Microsurgery--instrumentation--IS; \*Nerve Compression Syndromes--surgery --SU; \*Silicon; \*Spinal Nerve Roots; Cerebellopontine Angle--surgery--SU; Cerebral Arteries--injuries--IN; Cranial Nerve Diseases--etiology--ET; Equipment Safety; Intraoperative Complications--etiology--ET; Nerve Compression Syndromes--etiology--ET; Prostheses and Implants ; Rats; Spinal Nerve Roots--injuries--IN

CAS Registry No.: 7440-21-3 (Silicon)  
Record Date Created: 19950706

13/5/19 (Item 4 from file: 155)  
DIALOG(R)File 155:MEDLINE(R)

07216158 92159961 PMID: 1664980

[Lumbar spinal nerve root compression syndrome as an atypical initial manifestation of a rare vascular disease]

Lumbales Wurzelkompressionssyndrom als atypische Erstmanifestation einer seltenen Gefässerkrankung.

Mickley V; Kogel H; Paes E H; Vogel U

Abteilung fur Gefass-, Thorax- und Herzchirurgie, Universitätsklinikum, Ulm/Donau.

VASA. Supplementum (SWITZERLAND) 1991, 33 p283-4, ISSN 0251-1029

Journal Code: 8704474

Document type: Journal Article ; English Abstract

Languages: GERMAN

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

A 55 year old male Turkish patient developed L3/L4 root compression caused by a retroperitoneal hematoma after covered perforation of the infrarenal aorta. The aneurysm was resected and a tube interposition made. For more than 20 years the patient has suffered from oral and scrotal ulcers. These signs led to the diagnosis of Behcet's disease. A review of the literature revealed 200 arterial complications (aneurysms and occlusions) in 105 patients with Behcet's disease, only 19 of them had aneurysms of the infrarenal aorta.

Tags: Case Report; Human; Male

Descriptors: \*Aortic Rupture--complications--CO; \*Aortitis--complications --CO; \*Behcet's Syndrome--complications--CO; \*Nerve Compression Syndromes --etiology--ET; \*Peripheral Nervous System Diseases--etiology--ET; \*Spinal Nerve Roots; Aortic Rupture--surgery--SU; Aortitis--surgery--SU; Behcet's Syndrome--surgery--SU; Blood Vessel Prosthesis ; Middle Age; Nerve Compression Syndromes--surgery--SU; Peripheral Nervous System Diseases --surgery--SU; Spinal Nerve Roots--surgery--SU; Tomography, X-Ray Computed

Record Date Created: 19920324

13/5/20 (Item 5 from file: 155)  
DIALOG(R)File 155:MEDLINE(R)

06478799 90167842 PMID: 2624952

Surgery of the rheumatoid shoulder.

Copeland S

Bailliere's clinical rheumatology (ENGLAND) Dec 1989, 3 (3) p681-91,  
ISSN 0950-3579 Journal Code: 8805770

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Tags: Human

Descriptors: \*Arthritis, Rheumatoid--surgery--SU; \*Shoulder Joint --surgery--SU; Arthritis, Rheumatoid--radiography--RA; Joint Prosthesis ; Nerve Compression Syndromes--radiography--RA; Nerve Compression Syndromes--surgery--SU; Osteotomy; Shoulder Joint--radiography--RA

Record Date Created: 19900412

13/5/21 (Item 6 from file: 155)  
DIALOG(R)File 155:MEDLINE(R)

05940879 89015958 PMID: 3050786

[Surgical therapeutic possibilities of the elbow in chronic polyarthritis]

Operative Therapiemoglichkeiten am Ellbogen bei chronischer Polyarthritis.

Kerschbaumer F

Universitatsklinik fur Orthopadie, Innsbruck.

Der Orthopade (GERMANY, WEST) Aug 1988, 17 (4) p359-65, ISSN 0085-4530 Journal Code: 0331266

Document type: Journal Article; Review; Review, Tutorial ; English Abstract

Languages: GERMAN

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

The natural history of rheumatoid arthritis of the elbow often includes impairment of the function of the upper extremity in advanced stages of the disease. Synovectomy performed by a large radial incision is considered a worthwhile procedure for stages 1-3 according to the classification of Larsen et al. Radiosynoviorthesis is possible in stages 0 and 1. In the authors' opinion, resection- and interposition arthroplasty remains the procedure of choice for advanced stages 4 and 5. For elbows with severe instability alloarthroplasty may be considered. The radial head should generally not be resected. Entrapment neuropathy of the ulnar and the posterior interosseus nerves is possible in rheumatoid arthritis patients. The surgical treatment consists in decompression, if necessary with transposition and synovectomy of the elbow joint. (41 Refs.)

Tags: Human

Descriptors: \*Arthritis, Rheumatoid--surgery--SU; \*Elbow Joint--surgery--SU; Joint Prosthesis ; Nerve Compression Syndromes--surgery--SU; Synovial Membrane--surgery--SU; Ulnar Nerve--surgery--SU

Record Date Created: 19881114

13/5/22 (Item 7 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

05914376 89000258 PMID: 3502749

Complications of orbital trauma surgery.

Mauriello J A

Eye Institute of New Jersey, UMDNJ, New Jersey Medical School, Newark 07107.

Advances in ophthalmic plastic and reconstructive surgery (UNITED STATES) 1987, 7 p99-115, ISSN 0276-3508 Journal Code: 8213022

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

This article considers the complications of orbital trauma surgery. In addition, ocular as well as nonocular complications of orbital trauma are outlined. Knowledge of the workup of specific types of orbital fractures will help prevent common sequelae of unrecognized orbital fractures: (a) orbital contour abnormalities, and (b) late enophthalmos. Complications of orbital fracture repair that relate directly to the alloplastic implant include (a) orbital cellulitis due to an infected implant, (b) anterior extrusion of the implant, (c) compression of the optic nerve by the implant, (d) dacryocystitis due to obstruction of the lacrimal sac by the implant, and (e) late proptosis due to hemorrhage into the fibrous capsule that surrounds the implant. Surgical techniques that minimize such complications are emphasized.

Tags: Female; Human; Male; Support, Non-U.S. Gov't

Descriptors: \*Orbital Fractures--surgery--SU; \*Postoperative Complications; \*Skull Fractures--surgery--SU; Adult; Cellulitis--etiology--ET; Eye Injuries--complications--CO; Eye Injuries--radiography--RA; Methods; Middle Age; Oculomotor Muscles--injuries--IN; Optic Nerve Injuries ; Orbital Diseases--etiology--ET; Orbital Fractures--complications--CO; Orbital Fractures--radiography--RA; Prostheses and Implants

Record Date Created: 19881114

13/5/23 (Item 8 from file: 155)  
DIALOG(R)File 155:MEDLINE(R)

05139260 86208426 PMID: 3704738  
**Double entrapment of the median nerve in association with PTFE hemodialysis loop grafts.**  
Zamora J L; Rose J E; Rosario V; Noon G P  
Southern medical journal (UNITED STATES) May 1986, 79 (5) p638-40,  
ISSN 0038-4348 Journal Code: 0404522  
Document type: Journal Article  
Languages: ENGLISH  
Main Citation Owner: NLM  
Record type: Completed  
Subfile: AIM; INDEX MEDICUS  
Tags: Case Report; Female; Human; Male  
Descriptors: Arteriovenous Shunt, Surgical--adverse effects--AE; \*Blood Vessel Prosthesis ; \*Median Nerve ; \*Nerve Compression Syndromes --etiology--ET; \*Polytetrafluoroethylene; \*Postoperative Complications --etiology--ET; \*Renal Dialysis--adverse effects--AE; Adhesions--etiology --ET; Carpal Tunnel Syndrome--diagnosis--DI; Diagnosis, Differential; Kidney Failure, Chronic--therapy--TH; Median Nerve--surgery--SU; Middle Age ; Ulnar Nerve  
CAS Registry No.: 9002-84-0 (Polytetrafluoroethylene)  
Record Date Created: 19860620

13/5/24 (Item 9 from file: 155)  
DIALOG(R)File 155:MEDLINE(R)

04875943 85257013 PMID: 4017908  
[Peroneal nerve entrapment]  
Peroneus hermon pinne.  
Vastamaki M  
Duodecim; laakettieteellinen aikakauskirja (FINLAND) 1985, 101 (12)  
p1185-90, ISSN 0012-7183 Journal Code: 0373207  
Document type: Journal Article ; English Abstract  
Languages: FINNISH  
Main Citation Owner: NLM  
Record type: Completed  
Subfile: INDEX MEDICUS  
Tags: Female; Human; Male  
Descriptors: \*Leg Injuries--complications--CO; \*Nerve Compression Syndromes--etiology--ET; \*Peroneal Nerve; Adolescence; Adult; Aged; Child; Knee Prosthesis ; Middle Age; Nerve Compression Syndromes--surgery--SU ; Postoperative Complications  
Record Date Created: 19850826

13/5/25 (Item 10 from file: 155)  
DIALOG(R)File 155:MEDLINE(R)

04818280 85202440 PMID: 3995820  
**Prevention of sciatic nerve entrapment in trochanteric wiring following total hip arthroplasty.**  
Gudmundsson G H; Pilgaard S  
Clinical orthopaedics and related research (UNITED STATES) Jun 1985,  
(196) p215-6, ISSN 0009-921X Journal Code: 0075674  
Document type: Journal Article  
Languages: ENGLISH  
Main Citation Owner: NLM  
Record type: Completed  
Subfile: AIM; INDEX MEDICUS  
Sciatic nerve entrapment secondary to trochanteric wiring is a rare but serious complication following total hip arthroplasty (THA) in which the transtrochanteric approach has been used. To eliminate this risk, the authors modified the Charnley drill-and-wire-guide forceps for the femur, an instrument that facilitates both the drilling of an anteroposterior hole through the femur in the intertrochanteric region and the insertion of the

horizontal wire. Transformation of the slot on the lower branch of the forceps into a loop that engages the posterior end of the wire, thereby advancing it automatically when the instrument is retracted, effectively prevents entrapment of both the sciatic nerve and the soft tissues. The modified instrument also saves time, and in more than 3000 THAs in which it has been used, no case of sciatic nerve entrapment has been observed.

Tags: Human

Descriptors: Hip Prosthesis ; \* Nerve Compression Syndromes --prevention and control--PC; \*Sciatic Nerve; Methods; Postoperative Complications--prevention and control--PC

Record Date Created: 19850724

13/5/26 (Item 11 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

04457468 84137979 PMID: 6607982

Deep brain stimulation--a contemporary methodology for chronic pain.

Williams A E

Journal of neurosurgical nursing (UNITED STATES) Feb 1984, 16 (1)  
p1-9, ISSN 0047-2603 Journal Code: 1300146

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS; NURSING

Tags: Case Report; Human; Male

Descriptors: \*Brain; \*Electric Stimulation Therapy--methods--MT; \*Pain, Intractable--therapy--TH; \*Transcutaneous Electric Nerve Stimulation --methods--MT; Electrodes, Implanted ; Middle Age; Nerve Compression Syndromes--physiopathology--PP; Nociceptors--physiopathology--PP; Pain --physiopathology--PP; Peripheral Nerves--injuries--IN; Sympathetic Nervous System--physiopathology--PP

Record Date Created: 19840406

13/5/27 (Item 12 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

02997124 79061454 PMID: 718437

[Comparative study of mouse teratoids developed from blastocysts and embryos at the three germ layer stage]

Sravnitel'noe izuchenie teratoidov myshi, razvivshikhsia iz blastotsist i iz embrionov na stadii trekh zarodyshevykh listkov.

Dyban P A; Mikhailov V P

Arkhiv anatomii, gistolologii i embriologii (USSR) Sep 1978, 75 (9)  
p8-16, ISSN 0004-1947 Journal Code: 0370603

Document type: Journal Article ; English Abstract

Languages: RUSSIAN

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Germs of three stages: blasocyst, three layer germ cylinder, as well as head-fold and neural plate were implanted under the testicular capsule of mice, CBAXC57BL line. Teratoids developed at the place of implantation are represented by the derivatives of all germ layers, as well as by some organic structures. The method for an experimental production of teratoids by means of transplantation of developing embryos is discussed as one of the methods for experimental histology. At the same time, possible tissue determination in embryos which do not undergo normal gastrulation is considered.

Tags: Animal; Comparative Study; Female; Pregnancy

Descriptors: \*Embryo Transfer; \*Teratoma--embryology--EM; \*Teratoma --pathology--PA; Gestational Age; Hybridization; Mice; Mice, Inbred C57BL; Mice, Inbred CBA; Neoplasms, Experimental

Record Date Created: 19790124

13/5/28 (Item 1 from file: 91)  
DIALOG(R)File 91:MANTIS(TM)  
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00032573

**Complications in Total Elbow Prosthesis**

POLL, R.; ROZING, P.

ACTA ORTHOPEDICA SCANDINAVICA. 1996 (19960000), Vol 67/267, pp 16

Introduction: The literature shows that the principal complications after total elbow prostheses are, in the following proportions of the cases: loosening 2-5%, infection 7%, dislocation 8% and ulnar nerve neuropathy 2-26%. The various complications after a total elbow prosthesis are discussed on the basis of the first 51 elbow arthroplasties according to Souter-Strathclyde (Howmedica, Haarlem) performed in Leiden, 1982-1990, with a mean follow-up of one year. Loosening: The percentage of loosenings in the series of total Souter-Strathclyde elbow prostheses implanted in Leiden amounted to 4% (2 patients), one early and one late infection. Both prostheses were removed. Reimplantation was performed in the female patient with the early infection, with good results, although she functioned adequately with the resection arthroplasty. Dislocation: Postoperative dislocation occurred in 8% (4 patients): three dislocations immediately postoperatively, the fourth 6 weeks postoperatively when the patient, threatening to fall downstairs, seized hold of the bannister. Ulnar nerve neuropathy: 14% (7 patients) postoperatively displayed an objectively demonstrable neuropathy of the ulnar nerve which had not been present before operation. One of these patients initially also showed loss of motor function, with normalization one year postoperatively. Other complications after total elbow arthroplasties such as wound/skin problems, triceps unsufficiency, ectopic bone formation and pre- and postoperative fractures, played no substantial part in our series and were limited to incidental cases. Conclusion: Complications are much more frequent after total elbow prosthese than after total hip and total knee prostheses. The elbow joint, due to its structure and localization, is more vulnerable, so that complications will occur more readily.

DESCRIPTORS: ARTHROPLASTY; ELBOW; ELBOW JOINT; HUMAN; NERVE COMPRESSION SYNDROMES; NETHERLANDS; PROSTHESES AND IMPLANTS; PROSTHESIS FAILURE; ULNAR NERVE COMPRESSION SYNDROME

Set	Items	Description
S1	5457824	NEURO? OR NEURA? OR NERVOUS OR NERV?
S2	1333581	PROSTHESIS OR PROSTHESES OR IMPLANT?
S3	2854977	COMPACT? OR FOLD? OR ROLL? OR COMPRESS? OR COLLAPS?
S4	817	NEUROPROSTHES?
S5	8360	S1(2N)S2 OR S4
S6	156	S5(S)S3
S7	122	S6 NOT (PY>2000 OR PD>20000428)
S8	76	RD (unique items)
S9	50	S5(10N)S3
S10	40	RD (unique items)
S11	31	S5(5N)S3
S12	31	RD (unique items)
S13	28	S12 NOT (PY>2000 OR PD>20000428),

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